1			
DEPARTMENT OF HEALTH AND HUMAN SERVICES		FORM APPROVED	
HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER:	OMB NO. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF	0 1 0 4 5	Iowa	
		IOwa	
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TI	TLE XIX OF THE SOCIAL	
FOR: HEALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION	July 1, 2001		
DEPARTMENT OF HEALTH AND HUMAN SERVICES	3417 1, 2001		
5. TYPE OF PLAN MATERIAL (Check One):			
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CO	ONSIDERED AS NEW PLAN	AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each a	mendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:		
42 CFR 431.615		(1)	
DATE WHATER OF THE BLAN OF THE BLAN OF ATTACHMENT		(4)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	<ol> <li>PAGE NUMBER OF THE SUPER OR ATTACHMENT (If Applicable).</li> </ol>		
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Supplement 16 to Attachment 4.16-A, page 14	Supplement 16 to Attac	hment 4.16-A.	
ourplements to so statements that it, page to	page 14 (MS-01-30)	,	
10. SUBJECT OF AMENDMENT:			
Correction to the budget of the interagency a	greement with University of I	owa Health Care for	
EPSDT-related services			
11. GOVERNOR'S REVIEW (Check One):			
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:		
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE)OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
June Klam	Director		
13. TYPED NAME:	Department of Human Service	96	
Jessie K. Rasmussen		Hoover State Office Building	
14. TITLE:	Des Moines, IA 50319-0114	~ <del>o</del>	
Director			
15. DATE SUBMITTED: 12-21-01			
December 24, 2001			
17. DATE RECEIVED:	FICE USE ONLY 18. DATE APPROVED:	en de la compresenta de la compresenta La compresenta de la	
12-31-01	MAR 13 2002		
	ONE COPY ATTACHED		
	20. SIGNATURE OF THE IONAL OFFICE	AL: Port of the second	
07/01/01			
21. TYPED NAME:	22. [TITLE: \ C		
Thomas W. Lenz	ARA for Medicaid & State Op	perations	
23. REMARKS:			
cc:	CDA CONTROL		
Rasmussen	SPA CONTROL Date Submitted: 12-24-01		
Anderson	Date Received: 12-31-01		
CO	200 1100011001 TE 07 07		

DSG/DIATA

CO

Program Associate (25 FTE) BW-lowa City ANP (.05 FTE) JA-Council Bluffs ARNP (.075 FTE) JS-Waterloo ANP (.60 FTE) BM-lowa City ANP (.25 FTE) KB-lowa City Staff Nurse II (.10 FTE) JB-Sioux City Staff Nurse II (.25 FTE) KT-lowa City Staff Nurse II (.25 FTE) LJ-Des Moines ARNP (.05 FTE) LJ-Des Moines ARNP (.05 FTE) CJ-Ottumwa Staff Nurse II (.10 FTE) LP-Spencer Nurse Clinician Spc (.10 FTE) -CarrolI Staff Nurse II (.25 FTE) LH-lowa City Program Assistant (.25 FTE) SM-lowa City Secretary II (.25 FTE) TH-lowa City Secretary II	17,662 3,703 5,673 50,231 17,767 4,887 14,310 12,233 13,034 4,135 5,276 4,733 13,034	25% DHS MATCH 4,416  926  1,418  12,558  4,442  1,222  3,578  3,058  3,259  1,034  1,319  1,183	75% FEDERAL MAC 13,247  2,777  4,255  37,673  13,325  3,665  10,733  9,175  9,776  3,101  3,957	CHSC MATCH
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Staff Nurse II	4,887 14,310 12,233 13,034 4,135 5,276	1,222 3,578 3,058 3,259 1,034 1,319	3,665 10,733 9,175 9,776 3,101	
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25 FTE) RW-Des Moines			0,409	<del> </del>
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	0,000	1,500	4,500	
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quipment (2 comp. 2 print)	5,000	2,500	2,500	
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25 FTE) -Spencer		833	1,667	833
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25 FTE) -Mason City	-,	000	1,667	833
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				4,000

TN No. Supersedes TN No. MS-01-30

MS-01-45

Approval Date Effective Date